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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Liberia	3 000 000	-	1992-1994
Somalia	7 590 000	15 500 000	1992-1994

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

I. LIBERIA

Basic data (1990 unless otherwise stated)

U5MR: 205
IMR: 134
GNP per capita: $450
Child population (0-15 years): 1.2 million
Literacy: 40 per cent
Access to health services (urban/rural): 50/30 per cent

One-year-olds fully immunized against:

Tuberculosis:	33 per cent (1985)
Diphtheria/pertussis/tetanus:	11 per cent (1985)
Measles:	36 per cent (1985)
Poliomyelitis:	12 per cent (1985)

Pregnant women immunized against:

Tetanus:	6 per cent (1985)

The situation of children and women

1. Liberia remains in the grip of a civil war that has plunged the country even deeper into economic, political and social disintegration. Approximately one fourth of the nation's population remains outside the country as refugees. Continued fighting or insecurity in many parts of Liberia have hampered efforts to restore basic services and economic activity on a significant scale. Diplomatic efforts under the auspices of the Economic Community of West African States (ECOWAS) have succeeded in limiting the destruction, but no political solution is in sight. Liberia remains a partitioned country, divided between the increasing urban population of Monrovia, with upward of 600,000 inhabitants, controlled by the Interim Government of National Unity and the military forces of the ECOWAS Monitoring Group; and the remaining 90 per cent of the territory, with an estimated population of 1.5 million, under the control of the National Patriotic Reconstruction Assembly. A successful emergency relief effort brought considerable assistance to Monrovia's population, which is largely dependent on international aid for its survival.

2. When a political solution to the conflict is found, the new national leaders will inherit a legacy of mismanagement and social discrimination. Although potentially a rich nation, Liberia was classified among the least developed countries in 1990. During the last decade, the decline in public sector funding to social development programmes and the suspension, or compression, of credits from major international donors (particularly the World Bank, the International Monetary Fund (IMF) and the United States Agency for International Development (USAID)) resulted in a demoralized, underpaid civil service, increased hardship for the poor and the deterioration of basic services. When international relief agencies were finally able to begin a

full-scale emergency operation at Monrovia at the end of 1990, social services that had been functioning prior to the war had completely broken down. There were no schools, fewer than 20 health facilities were functioning in the entire country, malnutrition was high and thousands of families had been uprooted. The armed conflict also resulted in other profound effects on children: thousands became orphaned, abandoned or displaced; many were physically handicapped or were suffering from severe psychological stress; and child soldiers were common. By the end of 1991, some form of food and medical assistance had reached over 900,000 persons. About 20 per cent of school-age children had resumed classes and essential supplies of clean water had been restored on a limited basis in Monrovia. Yet the conditions required to rebuild Liberia, even to levels of social and economic development known before the war, do not exist.

Programme cooperation, 1991

3. In June 1990, with the suspension of UNICEF activities in Liberia, previous plans to formulate a five-year country programme recommendation for 1991-1995 were halted. Since the resumption of activities in November 1990, all UNICEF assistance has been implemented as an emergency programme. Major support was given by the international donor community to UNICEF appeals launched in December 1990 and August 1991, as part of overall United Nations appeals, for a combined total of $18.5 million. By the end of 1991, almost $8 million in emergency programme funding had been allocated. UNICEF added further to this sum with approximately $2 million from combined 1991 general resources, reprogrammed global reserve allocations and supplementary funds.

4. At the end of 1990, surveys of greater Monrovia indicated a very high crude death rate and an incidence of child wasting as high as 19 per cent. In 1991, activities focused on: (a) improving the overall health status of populations (a decrease in mortality, morbidity and malnutrition rates) through increased availability of services (adequately equipped and staffed health facilities, access to nutritional screening and counselling and availability of essential drugs); (b) increasing quality of case management and clinical assessment of the principal causes of infant, child and maternal mortality; (c) increasing utilization of services; and (d) providing management support (health information systems, essential drugs and medical supply procurement and distribution, training and supervisory support). An amount of $5.5 million was allocated to various activities carried out by 10 international non-governmental organizations (NGOs).

5. UNICEF provided $300,000 for vaccines, cold-chain and vaccination equipment and logistical and operational support to Médecins sans frontières (Doctors without Borders) (Belgium), Médecins sans frontières (France) and Goal (Ireland) to provide immunization services through a combined mass campaign and fixed-centre strategy. Based on an initial survey in greater Monrovia, the results were very encouraging: 79 per cent coverage for anti-tuberculosis vaccine; 75 per cent coverage for combined diphtheria/pertussis/tetanus vaccine (DPT) and for poliomyelitis; and 80 per cent coverage for measles. Only limited activities, mostly to stop the

spread of measles, have been conducted outside Monrovia because of security restrictions. Complete coverage levels in these areas, therefore, are assumed to be very low.

6. Considerable efforts were undertaken to restore and revitalize health service facilities. In cooperation with SWEDRELIEF, UNICEF established a fully equipped, 150-bed field hospital in Monrovia. Throughout the country, essential drugs and other medical supplies and equipment were provided to over 80 health facilities serving a population of approximately 900,000. Other activities included: the establishment of a pilot maternal and child health (MCH) programme in 14 health centres at Monrovia; the revitalization of the National Drug Service (comprising five regional depots and one larger facility at Monrovia); and the formulation of a health information system based on sentinel surveillance.

7. UNICEF interventions in nutrition, for which approximately $250,000 was allocated, were directed chiefly to surveillance and rehabilitation. Over 20,000 malnourished children were treated in 50 supplementary and 20 intensive feeding centres; standard surveying methodology was established by UNICEF and adopted by all NGOs; and a clinic-based monitoring system was established for both Monrovia and the rest of the country with personnel trained in its application. As a result of these efforts, the proportion of wasted children dropped from 19 to 4 per cent over a three-month period. Child feeding activities were extended to areas outside Monrovia, where approximately 50 centres are now operating. Special feeding programmes have also been established for additional target groups, most notably 65,000 students in 138 schools at Monrovia.

8. In September 1990, Monrovia's urban water and electricity systems were not functioning. UNICEF, in conjunction with Médecins sans frontières (Belgium) and the International Committee of the Red Cross (ICRC), became involved in a programme to restore these services and to provide alternative water supplies to vital health, nutrition and social service facilities. Over the last year, nearly $1.8 million was allocated to an emergency relief programme encompassing electrical power generation and distribution, water treatment and distribution, surface water drainage, sewage network cleaning, the construction of hand-dug wells, emergency water reserves in over 90 social service facilities and cholera control and prevention in the high-risk zones of Monrovia, Buchanan and upper Nimba county.

9. The resumption of educational activities is seen as vital. However, UNICEF inputs have been limited because the formal educational system did not function again until September 1991, after a disruption of almost 18 months. By October 1991, 44 per cent of Monrovia's primary school-age children had returned to class in 138 schools, and their numbers were increasing daily. Outside Monrovia, enrolment levels were negligible - fewer than 5,300 students. UNICEF support totalling $150,000 was provided in the form of basic school supplies, equipment and technical assistance for a school feeding programme, implemented with the support of the World Food Programme (WFP) and the Adventist Development and Relief Agency. These funds also supported the

national supervisory committee charged with school accreditation, counselling training and, in collaboration with the Lutheran World Service, the production of instructional materials.

10. The destruction, trauma and social fragmentation unleashed by the civil war have necessitated a wide range of special activities in support of victimized families and their children. UNICEF, along with Foster Plan International, Médecins sans frontières (Belgium), ICRC, Save the Children Fund (SCF), the Christian Health Association of Liberia, the Catholic Archdiocese of Monrovia and other local groups, has addressed the problem through various programmes providing both protection and rehabilitation to 1,300 orphaned and abandoned children and psychological care for persons in, or affected by, atrocities committed during the war. UNICEF funding of approximately $250,000 has covered psychological counselling services for former combatants by health, educational and church workers; the provision of housing, food and medical care in eight temporary orphanages and three shelters at Monrovia; vocational and literacy training to disadvantaged youths; the training of psychological counsellors; an agricultural project for unaccompanied children; the establishment of a national accreditation board for orphanages and shelters; and a tracing and family reunification project. Studies conducted by UNICEF include a survey of over 500 street children at Monrovia and an assessment of prospects for the rehabilitation of the physically handicapped.

11. In the areas of social mobilization and advocacy, most efforts have focused on the rights of the child. All parties to the conflict have been contacted directly by UNICEF on related issues, although the responses from opposition groups to the interim Government in Monrovia, which remain at war, were at best vague. Nevertheless, this effort increased the attention given by most national groups to programmes in favour of children at risk, namely, former combatants, orphans and abandoned and street children. The most notable social mobilization effort centred around mass immunization activities throughout greater Monrovia. The publication of a special press kit on Liberia, created with the assistance of UNICEF information experts from New York and the Regional Office for West and Central Africa, is expected to create further awareness among donor countries of Liberia's plight.

12. Under the overall direction of the United Nations Special Coordinator for Emergency Relief Operations for Liberia, an effective relief programme was implemented by United Nations agencies and NGOs. This was confirmed by a rapid evaluation of the initial phase of the UNICEF programme, the Nordic package of assistance and SWEDRELIEF operations at Monrovia. An assessment mission carried out by UNICEF and SWEDRELIEF in March 1990 showed that these relief efforts have had a significant impact. Complementarity between the United Nations and NGOs was also demonstrated; both before and during the period that the United Nations was not operating in the country, international NGOs carried on work in the field.

Recommended programme cooperation, 1992-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1992	1993	1994	Total
General resources				
Health/nutrition	292	292	292	876
Water supply and sanitation	80	80	80	240
Education	174	174	174	522
Children in especially difficult circumstances	128	128	128	384
Programme support	326	326	326	978
Total	1 000	1 000	1 000	3 000

13. UNICEF assistance during this short programme cycle will be based on the objectives and activities presented in the UNICEF consolidated emergency appeal issued in August 1991. The transition from the emergency phase to rehabilitation and support for long-term development will depend to some extent on an improvement in 1992 in the political situation in the country. At Monrovia, this transition has already begun. Accordingly, the overall programme goal will focus on the restoration of permanent service delivery in the areas of primary health care (PHC), rural water supply, formal education at the primary school level and social service programmes for target groups especially affected by the war. The emergency-oriented support provided in 1991 to Monrovia's public utilities (electricity and water) will be phased out. Depending on progress made in the peace process and in the establishment of a national Government, a new programme of cooperation for a five-year period will be presented to the 1994 Executive Board.

Programme strategy

14. The excellent inter-agency collaboration, established both within the United Nations system and with NGOs, will be the mainstay of future programme planning and implementation. Specifically, the collective screening and approval of programme proposals, carried out by technical subcommittees composed of all concerned national and donor groups, will be preserved under the overall coordination of the United Nations Special Coordinator for Emergency Relief Operations in Liberia. Among United Nations agencies, this working arrangement should lead to coordination of programme cycles and much more effective and cost-efficient interventions. This will also furnish a framework for formulating a national plan of action pertaining to goals and objectives set forth at the World Summit for Children. UNICEF will continue to implement projects through NGOs and community participation in the field,

while seeking to assist the national authorities, where feasible, to assume more control and responsibility. As to the issue of mobilizing financial resources for programme implementation, UNICEF will rely initially on the international community's response to the emergency appeal for Liberia. An updated appeal is likely to be launched in early 1992.

Health and nutrition

15. The specific objectives of the proposed programme include: (a) re-establishment of a network of PHC facilities throughout the country (21 hospitals, 132 health centres and clinics and 20 first-aid posts); (b) strengthening of the expanded programme on immunization (EPI) to secure adequate levels of vaccination coverage; (c) extension of the National Drug Service and regional depots to ensure adequate drug and other medical supplies; (d) extension of health information into a routine reporting system to provide epidemiological and management information; and (e) development of a community health education programme to provide public information regarding the availability of services. The guiding strategy in the programme will be the Bamako Initiative. UNICEF is prepared to play an active role in the formulation of the new health policy.

16. Directly related to the health centre objectives is the use of nutrition surveillance methods to monitor the levels of malnutrition of the population and to implement nutritional rehabilitation of specific "at-risk" groups. Education about breast-feeding, weaning and child feeding will be included in the nutritional component of the comprehensive MCH project. Information provided through nutrition surveillance will be used to develop more coherent food and nutrition policies for the country.

Water supply and sanitation

17. In Monrovia, support for power supply generation and distribution, upon which the urban water supply and sewage systems depend, is to terminate in 1992, as soon as alternatives to UNICEF assistance are identified. Assistance to Monrovia's water treatment and distribution system will continue, however, through much of 1992, as will environmental sanitation activities designed to minimize the risk of any major epidemics. Additional emergency programme activities become feasible only at the end of 1991, thus requiring support in 1992 to repair and maintain nine Liberian Water and Sewage Company out-stations. During 1993-1994, the focus of UNICEF support will return to the rehabilitation and construction of water supply and sanitation facilities in rural areas and for marginalized urban populations. To complement these efforts, UNICEF will provide hygiene education, prevention and management of diarrhoeal diseases and programme-related communications, information and education. Moreover, the programme will direct resources towards institutional capacity-building for improved management of the sector and advocacy at all levels.

Education

18. With the availability of schooling far below pre-war levels, a major undertaking will be required to restore the nation's education system. UNICEF assistance will be directed to the pre-primary and primary-school levels and will be concentrated in the following areas: (a) training of trauma counsellors and in-service training of teachers; (b) instructional materials production, including those formerly developed with funding from USAID; (c) the construction, renovation or rehabilitation of school buildings, including the supply of furniture; (d) provision of basic supplies and equipment; and (e) the expansion of the school feeding programme, with food supplied by WFP, to all parts of the country. UNICEF will direct the major portion of its resources through a network of 150 community education centres which will offer training in basic literacy and numeric skills, as well as trauma counselling services, to the student population and the community at large.

Children in especially difficult circumstances

19. UNICEF will continue to expand its work in the following areas: (a) the temporary provision of shelter, food and medical care to indigent groups of children, in collaboration with Foster Plan International and SCF; (b) literacy and vocational training of disadvantaged youth with SCF and the Catholic Archdiocese; (c) tracing and family reunification with ICRC and Médecins sans frontières (Belgium); (d) counselling for former combatants and other children affected by war; (e) counsellors' training; and (f) training for income-generating activities. Other participating partners will be the Christian Health Association of Liberia and the A.M.E. Zion College. A plan of action to establish a rehabilitation centre for the physically handicapped will be developed.

20. Fund-raising, public information and children's rights constitute an information/communications strategy directed at both international and national audiences. Within the country, the role and responsibilities of international, particularly United Nations, relief agencies require further initiatives aimed at the forces of the National Patriotic Reconstruction Assembly. Efforts to explain the rights of the child and of civilian populations in time of war will be expanded. In order to focus attention once again on Liberia, the international media will be encouraged to visit and report on developments. The visit of a UNICEF Goodwill Ambassador has been proposed for 1992.

Planning and social statistics

21. As the emergency programme recedes, normal programme planning and review activities will be reinstated progressively. UNICEF will support activities leading to a new five-year programme of cooperation and data analysis for preparation of a situation analysis of women and children. UNICEF will also support the Government in the formulation of a national programme of action.

Programme support

22. The importance of ensuring critical staffing and logistical and operational support to a programme as varied and demanding as that of Liberia will be addressed by allocating a portion of regular programme funds. Requirements of the UNICEF country office at Monrovia for the remainder of the emergency period and through 1994, and those created by the proposed establishment of three emergency logistics offices in the interior of the country, will be critical to the implementation of the programme.

II. SOMALIA

Basic data* (1990 unless otherwise stated)

U5MR: 215	Child population (0-15 years): 3.7 million
IMR: 127	Literacy: 17 per cent
GNP per capita: $170	Access to health services (urban/rural): 50/15 per cent

One-year-olds fully immunized against:

Tuberculosis:	30 per cent (1985)
Diphtheria/pertussis/tetanus:	22 per cent (1985)
Measles:	35 per cent (1985)
Poliomyelitis:	22 per cent (1985)

Pregnant women immunized against:

Tetanus:	29 per cent (1985)

The situation of women and children

23. The fierce four-week battle in December 1991 for the control of Somalia's capital, Mogadishu, between government troops and forces loyal to the United Somali Congress, left in its wake a tragedy unprecedented in the country's history. As many as 3,000 inhabitants of Mogadishu were killed in the battle, with an estimated 10,000 injured. A staggering 4.5 million persons have been affected nationwide and approximately 2 million are homeless. The war has exacted a tremendous loss of lives and property. More than 500,000 children have been deprived of food and shelter. Houses, schools, health facilities, water systems, power and other public installations have been systematically

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* The 1992 statistics on children in UNICEF-assisted countries do not reflect the impact of recent upheavals in Somalia.

looted. An estimated 60 per cent of the basic infrastructure was destroyed and 80 per cent of vital social services no longer function. In addition to the rampant killings, pillaging and destruction that left large parts of the country in total ruin, a massive displacement of persons occurred as thousands sought refuge in their clan homelands. For all practical purposes, Somalia is now a dislocated and disintegrated society.

24. The massive disruption has fragmented the country into four areas. The north has declared independence as the reconstitution of the former territory of Somaliland. This is contested by Mogadishu-based factions and is not recognized by any country thus far. The north-east continues to run its affairs independent of all other parts of the country. In the centre of the country the struggle for control of Mogadishu dominates every facet of life. The south threatens to declare itself a republic. As a normal five-year programme of assistance is not viable, this three-year bridging recommendation was prepared.

25. The infant mortality rate (IMR) and under-five mortality rate (U5MR), at 127 and 215 per 1,000 live births, respectively, in 1990, have no doubt risen. The prevalence of the epidemiological problems that affect children and women has been aggravated by the disruption of basic health services. A recent World Health Organization (WHO)/UNICEF needs assessment revealed that the prevalance of diarrhoeal diseases is high, accounting for about 40 per cent of overall deaths, most of them among children. Measles is now estimated to cause 15 per cent of child deaths. Surveys conducted in the north and in Mogadishu reveal a malnutrition rate of 30 to 40 per cent. Injuries from gunshots and mines, especially in the north, have been responsible for about 15 per cent of deaths in Somalia. In the north, relative peace and stability are attracting thousands of refugees back from camps in Ethiopia. Shelter, food, water and mine removal are needed urgently. Nomads, who constitute over 40 per cent of the population, have come to cities because their herds of camels, goats and sheep have been depleted as a result of drought and disruption of water supply and veterinary services. It is estimated that three out of every five families qualify as vulnerable. In the south a significant percentage of the nomadic population has abandoned traditional lifestyles and taken up guns, thus adding to the insecurity and instability. The sedentary agricultural community, comprising 20 per cent of the population, has lost its means of production and has been rendered destitute. Many have been compelled to go to urban areas in search of security and survival.

26. Given physical insecurity and the absence of basic services, the clan units assume even greater importance as people revert to traditional coping mechanisms, particularly the intra-clan distribution of resources. These mechanisms range from sharing food, shelter and clothing to financial and moral support. Yet clan resources are being stretched beyond capacity as ever more impoverished persons are placing claims upon diminishing resources. The nutritional status of the most disadvantaged groups is a concern, particularly among children and women, those isolated from clan support and persons disabled by the war.

27. The roots of the political and economic crisis lie in low productivity and extreme centralization of political power and patronage in one sub-clan. This has led to the uneven distribution of resources and endemic inter- and intra-clan conflict. As a supplier of primary products, mainly livestock, the Somali economy regressed and external debt increased as the price of its exports have fallen relative to that of manufactured imports. Clans in power have tried to maximize their share of the shrinking resources.

28. Despite massive foreign assistance, including UNICEF interventions, in the 1980s, the conditions of children and women in Somalia progressively deteriorated as civil unrest extended to most parts of the country and the Government diverted resources to military uses. Expenditure in health and education sectors relative to total government budget declined from 7 and 6 per cent, respectively, in 1980 to virtually nothing in 1990. Alarming data from a recent nutrition survey confirmed that 30 per cent of children are malnourished.

Programme cooperation, 1988-1992

29. The 1988-1992 programme of cooperation sought to reduce IMR, U5MR and the maternal mortality rate and to ensure the survival and well-being of children. Strengthening managerial and supervisory capacity at the government and community levels and improving the delivery of basic health, education and water supply and sanitation services were key strategies. As the programme environment deteriorated, UNICEF was compelled to limit its presence and reduce activities in Mogadishu and other major towns. This contributed to the fortification of an already highly centralized government, to the detriment of the periphery. The imbalance in programme coverage and scope led the mid-term review of August 1990 to conclude that national programmes were failing to reach target populations.

30. The mid-term review, in which key government ministries participated, recommended the following: (a) reorganization of PHC services, strengthening of management capacities at all levels and tightening of controls on UNICEF inputs; (b) promotion of a transparent management system; (c) involvement of community leadership in planning, management and evaluation of basic services, linking incentives paid to government staff to clearly defined performance criteria; (d) promotion of area-focused programming as a strategy for effectively targeting assistance to vulnerable groups; (e) allocation of at least 60 per cent of all UNICEF resources to area-focused activities, with no more than 30 per cent utilized at the central level; (f) preparation of a national plan of action for education to increase allocations to the rural service sector; and (g) formulation of a programme of long-term sustainability to include disaster relief training at the community and district levels and promotion and enhancement of social mobilization.

31. Institutional and security constraints notwithstanding, UNICEF managed to establish an effective cold-chain system in 75 out of the 92 districts in the country. With 135 centres providing routine vaccinations, coverage in selected areas has been raised to 37 per cent for three doses of DPT and

69 per cent for one dose of tetanus toxoid. Through training of 120 village-level workers in three diarrhoea training centres, as well as provision of sachets, levels of utilization of oral rehydration salts (ORS) have increased from virtually nil in 1983 to 52 per cent in 1989. The promotion of health education was conducted at all 107 MCH centres. Almost 80 per cent of all essential drugs were provided by UNICEF. Six of the country's 18 regions now regularly receive drugs. UNICEF also constructed a 1,000 square metre warehouse for essential drugs and trained 18 pharmacists in drug management. In conjunction with the Ministry of Interior and the Ministry of Health, UNICEF developed a disaster preparedness programme focusing on training in survey methodologies and disaster surveillance.

32. As part of joint United Nations emergency relief activities in northern Somalia, UNICEF participated in 1989 and 1990 in the Extraordinary Interim Emergency Programme, providing an integrated package of EPI, oral rehydration therapy (ORT), antenatal care, basic curative services, nutrition promotion and water supply and sanitation. The services were targeted to reach the majority of displaced and refugee children and women in Boroma and 10 surrounding villages. In only a few months, the programme managed to expand coverage to a cross-section of the population. Some 75 per cent of children under one year of age were vaccinated, and 68 per cent of the population received protection with tetanus toxoid.

33. Lessons learned from the past programme of cooperation are best illustrated by the performance of the area-focused programmes. These programmes, concentrated in Lower Juba (Kismayu) and Middle Shabelle (Jowhar), made substantial progress in providing basic health services, education, water supply and sanitation and capacity-building for a large portion of the population outside Mogadishu. The strong presence of UNICEF in the selected areas facilitated the effective targeting of assistance, involvement of local authorities and community leaders in project planning and implementation and close monitoring for rapid course correction. The mid-term review recommended this approach for expansion and replication throughout the country.

34. As a response to the emergency situation, UNICEF has provided $7.3 million in relief assistance to Somalia since January 1991. Over 60 per cent of the assistance, comprising medical equipment and supplies, supplementary food and shelter material, were delivered to Mogadishu and the rest to the northern part of the country. Most of the assistance was channelled through such NGOs as Médecins sans frontières (Holland), German Emergency Doctors, Italian Caritas, SCF (United Kingdom) and ICRC in the north, and Médecins sans frontières (France), SCF (United Kingdom), ICRC and SOS in the south. The assistance was directed at re-equipping and restoring MCH centres and regional hospitals, thereby reactivating the delivery systems; rehabilitating the water supply in the major towns, especially Hargeisa and Berbera, in the north; and re-establishing the long-abandoned education system in the north where security conditions have stabilized somewhat and UNICEF presence is strong. Significant achievements have been made. In the centre of the country, the changing political and security situation continues to hinder the delivery of humanitarian assistance. Despite this, since

December 1991, following special clearance from the Secretary-General to return to Somalia, UNICEF now has an effective presence in Mogadishu. This, coupled with the provision of relief supplies and air transportation to NGOs, has improved programmme delivery. To respond to the high number of war casualties in Mogadishu and to the thousands of displaced persons living in the most squalid conditions on the outskirts of the city, UNICEF is providing urgently needed surgical equipment and emergency health services. These efforts will be greatly enhanced when matched with effective food supply and distribution and provision of shelter materials. In the southern area of Kismayo, UNICEF has established a presence through an international NGO to give much-needed assistance, especially in the health field. Strengthening the capacity of Somalian NGOs to collaborate with communities in emergency programmes is an important UNICEF focus.

Recommended programme cooperation, 1992-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1992	1993	1994	Total
General resources				
Health	665	665	665	1 995
Nutrition	166	167	167	500
Water supply and sanitation	729	729	729	2 187
Education	312	311	311	934
Advocacy and social mobilization	152	152	152	456
Programme support	506	506	506	1 518
Subtotal	2 530	2 530	2 530	7 590
Supplementary funding				
Health	1 100	2 201	2 201	5 502
Nutrition	276	552	552	1 380
Water supply and sanitation	1 206	2 411	2 412	6 029
Education	518	1 036	1 035	2 589
Subtotal	3 100	6 200	6 200	15 500
Total	5 630	8 730	8 730	23 090

35. Despite the emergency situation, this three-year bridging programme aims to reactivate basic services in health, nutrition, water supply, sanitation and education within a network of area-focused programmes, in the context of emergency rehabilitation.

36. The devolution of power to community leadership, which has been strengthened by the influx of highly trained personnel from the capital, has created an environment which will enable a fundamental redirection of the country programme. The programme intends to involve community leadership, local authorities and NGOs in order to integrate and sustain services. Relief and rehabilitative assistance will strengthen traditional coping mechanisms and support the self-help initiatives of the population, initially to assure survival of vulnerable groups. The programme will gradually move from a rehabilitative to a broad-based community development approach, as conditions permit.

Planning, programme support, monitoring and evaluation

37. UNICEF will help to build capacity at national, regional and district levels for policy-making, planning and monitoring. This will enable the Government to guide and support local initiatives. It will also advocate the gradual introduction of the principles of the Bamako Initiative, particularly the decentralization of decision-making, involvement of community leadership in basic service management and implementation of cost-sharing, as the situation permits.

38. It will be necessary to restructure the UNICEF country office in response to the fragmentation in the country. The office of the UNICEF representative will remain at Mogadishu. Sub-offices will be established at Hargeisa and Kismayu and, networking with nine out-stations, will run urban and rural area-focused programmes. The Djibouti and Nairobi bases that currently supply vital back-up support to the UNICEF emergency programme will continue to facilitate supply operations, but their size and importance will diminish as conditions normalize in the country.

39. A programme monitoring system will be developed to measure progress of objectives, outputs and activities. It will also measure coverage and accessibility of services. This integrated model will be used to analyse bottlenecks and define timely corrective action. The information gathered through participatory assessments and from selected studies in each sector will furnish baseline data needed to monitor progress. This will help in the preparation of a situation analysis and country programme recommendation for presentation to the 1994 Executive Board. An evaluation plan is contained in the master plan of operations.

Area-focused programmes

40. Each area-focused programme will combine sectoral interventions in health, water supply and sanitation and education. The nature, timing and

organization of these interventions will vary with the needs and priorities of the communities, as well as with the level of security in focal areas.

41. Transition from relief to rehabilitation will occur much sooner in the North, where conflict ended early in 1991. However, that region will require more investment to build government capacity, as institutions that previously served regional functions exist in only embryonic form. Water projects in rural areas serving livestock as well as human needs will be a high priority to revitalize the economy and guarantee household food security.

42. The centre and south of the country continue to experience instability and armed conflict, especially at Mogadishu. Emergency interventions will initially reactivate basic services in these areas until conditions permit a more community-based approach. Seeds, hand-tools and technical and material support to rehabilitate small-scale irrigation projects may serve as entry points in agricultural communities.

43. As an initial step to meet urgent health needs, UNICEF and WHO have collaborated closely in the identification of major concerns. The priority will be to reactivate basic health services. UNICEF will rehabilitate structures and services of the maternity, paediatric and out-patient wards and laboratories of 20 out of the 70 district hospitals. Thirty-five of the 107 MCH centres which previously offered only preventive services will be re-equipped and assigned doctors and other staff to provide a complete range of basic health services. UNICEF will also equip and supply 1,000 health posts to provide basic curative care at the village level. Transport will be supplied to district hospitals and health centres, which will provide outreach services to the nomadic populations and will undertake supervision and monitoring of health activities in the rural catchment areas.

44. In-service training will be organized for all staff - village-level workers (including village health workers and traditional birth attendants) and local community leadership - to enable them to participate in the planning and management of basic services. UNICEF will provide appropriately designed essential drug kits for each level of service, plus training materials and associated training expenses.

45. In recent months in northern Somalia, UNICEF has implemented EPI activities through NGOs at Berbera, Hargeisa, Borama, Burao and nearby villages. This process will be accelerated. The central cold stores in the three regional centres and the cold-chain system in all health facilities will be re-established. The programme will provide vaccines and vaccination equipment and clinic cards for antenatal care and for children under five years of age. It will also support planning, management and reporting procedures, retraining and supervision at all levels. As few areas outside Mogadishu benefited from EPI services in the past, all children under two years of age and women of child-bearing age will be targeted. Campaigns, in combination with animal vaccination activities, will supplement the efforts of static centres and serve populations in smaller communities. During 1992, the programme aims to vaccinate 110,000 children and 308,000 women to achieve

20 per cent coverage of full immunization. These targets will be doubled during 1993.

46. UNICEF will provide funds, equipment and ORS supplies. It will conduct refresher training for all health staff on ORT techniques and health education methods for the promotion of personal hygiene and household latrines. Health facilities will provide treatment to children, distribution of ORS and training for mothers in practical preventive measures and rehydration procedures.

47. The programme aims to encourage and support communities to establish or re-establish 250 primary school classes using volunteer teachers, many of whom have already begun teaching. Necessary utensils will be provided for school lunches. UNICEF will also equip and supply one vocational training centre in each of the three regions to train artisans. The centres will enlist disabled children and former child soldiers to build school furniture and repair school buildings. The Ministry of Education will be assisted in curriculum development, textbook preparation and the local production of teaching materials. These will feature practical life skills. UNICEF will also help the Ministry to organize in-service training for 1,000 under-qualified teachers, 250 primary school headmasters, 40 school inspectors and 86 district and 18 regional education officers. These training exercises will address the needs of traumatized children, methods to foster coping skills and peace education. Teachers will be assisted in developing curricula to integrate the child victims of war. Finally, a comprehensive sectoral assessment of the education system will be undertaken to fulfil the goals of the World Conference on Education for All.

48. UNICEF will establish a nutrition information system based on growth monitoring in 35 MCH centres. It will supply weighing scales, weight-for-height charts and such other growth monitoring equipment as child health cards to all health facilities. Health staff will be trained to make growth monitoring a routine part of every child's contact with health services. UNICEF will also organize nutrition surveillance studies and support supplementary and therapeutic feeding centres where conditions justify. To enhance household food security, UNICEF will help to re-establish an irrigation network and provide seeds and small hand-tools to vulnerable families in agricultural areas. It will also collaborate with specialized NGOs and the Government to organize livestock vaccination and other basic veterinary services for nomads. In urban areas it will help develop income-generating activities for impoverished women.

49. Water is one of the most pressing needs, especially in northern Somalia. UNICEF will reactivate the existing infrastructure, equip a donkey cart water distribution system and improve traditional sources of water, initially in the larger rural centres. UNICEF will move to smaller centres to construct new wells, harness springs and develop new gravity systems where possible. It will also extend water supply to nomadic pasturing points. These interventions will be accompanied by providing health education on the importance and methods of good water quality, by promoting the use of

household latrines and by developing innovative systems of public and private waste disposal.

50. At present hundreds of homeless persons occupy many schools and health facilities in most major towns. UNICEF will provide tents, blankets and cooking utensils to disadvantaged groups and to the war disabled. This will provide shelter and relief, while freeing these facilities for resumption of activities.

Social mobilization and advocacy

51. The current political situation precludes formal preparation and adoption of a national programme of action for children. Alternatively, advocacy will build on the Somali traditional code of conduct regarding the protection of children, women and elderly in times of war. Appropriate strategies will be adopted to promote the concepts of "a first call for children" and "children as zones of peace" among policy makers, elders and parties to the conflict.

52. Advocacy and development messages will be disseminated primarily through customary oral and interpersonal communication channels, using traditional poetry and drama. UNICEF will also help the national and regional radio stations and assist the proliferating number of newspapers to publicize these themes more widely.

53. Local communities in the various Somali regions have established committees of elders and NGOs to ensure community survival and protect children and women. UNICEF will build on this strong sense of self-reliance by involving communities in the planning, management and implementation of area-focused programmes. This will create a sense of ownership, ensure project sustainability and lead to desired behavioural changes related to child survival, development and protection.

Collaboration with other United Nations agencies

54. Given the flexibility inherent in its operational and country programme approaches, UNICEF will continue providing leadership to United Nations agencies. During the initial stage, UNICEF will work closely with other United Nations agencies, particularly the United Nations Development Programme (UNDP), WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP, sharing common facilities, and with international NGOs in the larger settlements. As capacity increases and conditions stabilize, UNICEF will move to the rural areas and work primarily with local NGOs and community organizations to build their capacity to mobilize community participation and plan and monitor development activities.